INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet

(Not for submission under 37 CFR 1.99)

Of

 Application Number
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 Filing Date
 October 8, 2003

 First Named Inventor
 Richard S. Ginn

 Art Unit
 3773

 Examiner Name
 Dianne Dornbusch

 Attorney Docket Number
 16497.3.1

CERTIFICAT		

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_	Account No. 23-3178	
	The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments to Deposit	
	None	
	Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.	
	See attached certification statement.	
	That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).	
OR		
_	That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patient office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).	
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A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Robyn L. Phillips, Reg.# 39330/	Date	January 31, 2011
Name/Print	Robyn L. Phillips	Registration Number	39,330

This collection of information is required by 37 CFR 197 and 198. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process) an application. Conditionality is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take to flour to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden dubt sent to the Critical Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.